

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION

LISTING OF CHILD CARE STAFF MEMBER(S)/HOUSEHOLD MEMBER(S)

FACILITY IDENTI	EVING INFORM	AATIC	NM.					•			
I HEREBY CERTIF		ATIC	JN		LEGAL NAM	E OF FACILITY					1
		ES A	LL STAFF MEMBE	RS (INCLUDING	G						-
CAREGIVERS,	VOLUNTEEF	RS, (CHILD CARE STA	DVN							
·) AND ALL HOUSEH	FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)							
IHE INFORMA SIGNATURE (CHECK APPLE)		STR	UE AND ACCURATE	I.				DATE			_
SIGNATURE (CHECK AFFI	NOPNIATE TITLE)		OWNER(S)	BOARD CHAIR	PERSON	LLC MEMBER	DE	ESIGNEE			
CENTER DIRECT	OR/ GROUP H	OME	PROVIDER/ FAMIL	Y HOME PROVI	DER WOR	(SCHEDUL	E			l	
	mate start and	end tir	me for each applicab	le work day of th							_
SUNDAY START TIME	MONDAY START TIME		TUESDAY START TIME	WEDNESDA START TIME	Y TH	IURSDAY	START	FRIDAY	CT/	SATURDAY ART TIME	-
START TIME	START TIME		SIARI TIME	START TIME	SIARIT	IIVIE	SIARI	IIIVIE	SIF	ART TIME	
END TIME END TIME			END TIME	END TIME END TIME		1E	END TIME		EN	END TIME	
CHILD CARE STA	AFF MEMBER /	'ADU	LT HOUSEHOLD M	EMBER IDENTI	FYING INFO	ORMATION					
(See page 2 for all	Household Me	mber	s under 18 years of a	age.)							
NAME		CATEGORY (CHECK ALL THAT A			BIRTH DATE	MOPE ID)	POSITION		DATE EMPLOYED	
		□s1	TAFF MEMBER HOUS	SEHOLD MEMBER							
		STAFF MEMBER HOUSEHOLD MEMBER									
		STAFF MEMBER HOUSEHOLD MEMBER									
		□s1	TAFF MEMBER HOUS								
		STAFF MEMBER HOUSEHOLD MEMBER									
		STAFF MEMBER HOUSEHOLD MEMBER									
			TAFF MEMBER HOUS	SEHOLD MEMBER							_
			FAFF MEMBER ☐ HOUS								-
		☐s1	FAFF MEMBER ☐ HOUS	SEHOLD MEMBER							
			FAFF MEMBER ☐ HOUS	SEHOLD MEMBER							-
		☐s1	TAFF MEMBER HOUS	SEHOLD MEMBER							
		□s1	TAFF MEMBER HOUS	SEHOLD MEMBER							-
		□s1	TAFF MEMBER HOUS	SEHOLD MEMBER							
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		□s1	TAFF MEMBER HOUS	SEHOLD MEMBER							
		□s1	TAFF MEMBER HOUS	SEHOLD MEMBER							

DVN			
DATE			
IDENTIFYING	INFORMATION FOR HOUSEH	OLD MEMBERS UNDER 18 \	YEARS OF AGE
	NAME	BIRTH DATE	RELATIONSHIP TO PROVIDER

It is the licensee's responsibility to notify SCCR if any of the above household members have been certified as adults for the commission of an offense.

LEGAL NAME OF FACILITY